



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000106293

**2. Name of Corporation** Pratt Radiation Oncology Associates, Inc.

**3. State of Incorporation**

State: MA

**4. Corporate Address in Rhode Island**

No. and Street: C/O RI HOSPITAL, 110 LOCKWOOD STREET

P.O. BOX 130

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: TUFTS MEDICAL CENTER

800 WASHINGTON STREET

City or Town: BOSTON State: MA Zip: 02111 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE PHYSICIAN SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID WAZER M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET POB 130 PROVIDENCE, RI 02903 USA
TREASURER	THEODORE BUKOWSKI	TUFTS MEDICAL CENTER PHYSICIANS ORG., 800 WASHINGTON ST BOSTON, MA 02111 USA
SECRETARY	JEFFREY WEINSTEIN ESQ.	TUFTS MEDICAL CENTER, 800 WASHINGTON STREET BOSTON, MA 02111 USA
DIRECTOR	DAVID WAZER M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130

		PROVIDENCE, RI 02903 USA
DIRECTOR	THOMAS A. DIPETRILLO M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN P. DRONEY	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN DRONEY C/O RI HOSPITAL, 110 LOCKWOOD STREET P.O. BOX 130 PROVIDENCE , RI  
02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of May, 2014 at 11:14:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DAVID WAZER, M.D.  
Signature of Authorized Person

Form No. 631  
Revised 09/07